

IMPAIRED DRIVING RISK ASSESSMENT



A PRIMER FOR PRACTITIONERS



BEST PRACTICES FOR TREATMENT AND REHABILITATION OF IMPAIRED DRIVING OFFENDERS
RESEARCH GAPS AND FUTURE NEEDS



The knowledge source for safe driving

T R A F F I C I N J U R Y R E S E A R C H F O U N D A T I O N

The Traffic Injury Research Foundation

The mission of the Traffic Injury Research Foundation (TIRF) is to reduce traffic-related deaths and injuries. TIRF is an independent, charitable road safety research institute. Since its inception in 1964, TIRF has become internationally recognized for its accomplishments in identifying the causes of road crashes and developing program and policies to effectively address them.

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This document is an extracted chapter from the 'Impaired Driving Risk Assessment: A Primer for Practitioners' publication. The full report as well as a complete reference list are available online at www.tirf.ca. You may also download directly the executive summary or any other chapters of the full report.

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8. BEST PRACTICES FOR TREATMENT AND REHABILITATION OF IMPAIRED DRIVING OFFENDERS

Health Canada produced a Best Practices report (2004) that was based upon a thorough literature review, consultation with experts, and interviews with key informants. The aim of the report was to compile current knowledge on driving while impaired remedial programs across Canada.

Specifically, the report addresses the planning and delivery of education programs and treatment and rehabilitation programs. The report in its entirety can be found at the link:

http://www.hc-sc.gc.ca/hc-ps/alt_formats/hecs-sesc/pdf/pubs/adp-apd/bp_treatment-mp_traitement/treatment_rehab_driving_impaired_practices.pdf

For the convenience of practitioners in the field, the best practices identified and described in the Health Canada report are re-produced here.

- Remedial impaired driver programs delivered on behalf of driver licensing authorities should be part of a comprehensive impaired driving countermeasures program and participation should be a mandatory condition of licence reinstatement for all convicted impaired drivers. This should be the same for driving while impaired by drugs other than alcohol.
- Different types of remedial interventions for different types of impaired driving offenders and should incorporate at least two levels for people with differing levels of substance use and related problems. All programs for impaired drivers should incorporate both educational and therapeutic activities, regardless of program length. Mandatory clinical follow up post-reinstatement should be required for all participants in remedial programs.
- All convicted impaired drivers should complete a screening/assessment process to inform decisions about interventions. Proven instruments should be included in screening procedure and their performance should be monitored on an ongoing basis.
- Remedial programs should supplement and not replace licensing actions.



- > Individuals who receive roadside suspensions should be considered for referral to assessment and participation in remedial programs.
- > Remedial programs should be located in an environment in which a behavioural health perspective and treatment orientation are well established and can be maintained.
- > Those providing remedial services to impaired drivers should be trained in substance use issues and in adult education (particularly those delivering educational interventions) and group facilitation (particularly those delivering therapeutic interventions).
- > Those providing remedial measures programs to convicted impaired drivers should be supported in accessing provincial or national training opportunities on an annual or bi-annual basis.
- > Remedial programs should be operated using an administrative model, where program completion is a requirement of relicensing.
- > Remedial programs should be operated by an agency other than the licensing authority.
- > There is a need for formal and clear mechanisms of coordination and collaboration between licensing authorities and remedial programs to ensure reciprocal exchange of information to serve the best interests of the clients and the public.
- > Measures should be taken to reduce the financial burden for offenders, particularly those assigned to more expensive program options. This could include applying a single blended fee for all clients or providing some form of financial assistance for low-income clients.
- > Program evaluation should be part of any remedial measures program.
- > Program evaluation and research costs should be built into program budgets.
- > More emphasis should be placed on quality assurance (to ensure the program is delivered as intended with regard to all aspects of delivery), and studies of cost-effectiveness of programs and their component parts.

References

Health Canada. (2004). *Best Practices: Treatment and Rehabilitation for Driving While Impaired Offenders*. Ottawa: Author.

9. RESEARCH GAPS AND FUTURE NEEDS

Much has been learned about the profile and characteristics of impaired drivers over the course of the past three decades. To a lesser extent, knowledge has also grown with regard to the factors that put them at risk, the types of assessment instruments that are appropriate for this population, and the types of treatment interventions that can begin to address their risks and needs.

Still, continued efforts are needed to increase understanding of these topics and to inform approaches that can best prevent impaired driving behaviour, as well as manage, supervise and treat those that are detected and processed through the criminal justice system. A number of topics that reflect gaps in offender research, gaps in intervention research, and gaps in implementation and practice warrant future attention. These are briefly highlighted below.



9.1 Gaps in Offender Research

Perhaps most pressing in the field of research is the need to integrate existing knowledge stemming from diverse disciplines as a basis to explore and develop more holistic, robust and complex models of impaired driving behaviour that acknowledge the heterogeneity of this population. In particular, this model must recognize the different developmental pathways of offenders who do not re-offend as well as those who persist in their behaviour. A core feature of this initiative should be to increase understanding of the interactions and effects of different characteristics of offenders. Such efforts can be useful to help identify clinically relevant subgroups and guide the development of appropriate interventions that specifically target them.

Greater knowledge and understanding of relevant risk factors that influence future offending is also a critical need. At the same time, the development of valid, reliable and practical screening and risk assessment instruments that can accurately distinguish between offenders not only with regard to risk related to substance use but also risk of re-offending and

individual-specific trajectories to impaired driving behaviour are essential to inform decision-making and the allocation of resources. This is a pressing concern in light of shrinking budgets and resources.

9.2 Gaps in Intervention Research

While knowledge of effective interventions has grown substantially since the 1990s, there has been a rather exclusive emphasis on research that has investigated individual interventions that are more punitive than rehabilitative in nature. Also of importance, effectiveness has largely been limited to measurement of alcohol use reduction and to lesser degree recidivism.

However, the reality is that most interventions are delivered in complex systems of justice, licensing and health, and a majority of offenders are subject to a multitude of interventions. Moreover, there is a much broader range of outcome measures, beyond recidivism (e.g., employment, family stability, engagement in pro-social activities, health benefits), that are worthy of attention. Hence three important trends have emerged that will significantly influence the direction of intervention research moving forward. First, since 2005 there has been growing recognition among researchers, policymakers and practitioners of the value of treatment and rehabilitation as essential goals of the justice system for long-term risk reduction. Second, sanctions that are increasingly applied to impaired driving offenders are imposed with the intention of achieving a better balance between supervision and treatment. This means that offenders are more often subject to a combination of interventions that are delivered in different systems with different goals and objectives. And, third, a variety of factors or outcomes in addition to substance use, are relevant to reductions in recidivism and should be considered part of research designs. Hence future efforts to investigate the effectiveness of interventions must account for not only the increasingly complex environment in which such interventions are delivered, but also the web of factors that play an important role.

And while much has been learned about effective interventions, a range of research questions remain that must be addressed. These include:

- Is it possible to achieve an optimal balance between sanction/supervision and rehabilitation/treatment for offenders with different levels of risk?
- What interventions or combination of interventions provide the best outcomes for different subpopulations of offenders.
- Are there commonalities and differences across interventions that can provide insight into the essential ingredients of effective interventions? This may include an examination of content, delivery mechanisms, training, duration, key features, and the emphasis that is placed on sanctioning, rehabilitation or both.

- Is there an optimal duration for the various interventions that are available, including educational programs, treatment, probation, and alcohol monitoring technologies?
- Is it possible to achieve the outcomes associated with longer-term and more intensive treatment interventions using well-designed programs that are more cost-effective and shorter in duration?
- What characteristics of offenders are most useful to appropriately match them to effective interventions?

It must be underscored that answers to these questions may only be possible once our understanding of offenders has grown.

9.3 Gaps in the Implementation of Interventions

In an environment that is heavily influenced and compromised by a growing number of practical and economic constraints, policymakers, agency administrators and practitioners will be forced to consider a range of implementation issues in the coming years that can have significant implications for the delivery of interventions. Some of these issues are briefly discussed below.

First, recent increases in impaired driving behaviour among women (Perreault 2013), and research indicating that female offenders may possess clinically significant differences relative to males (Robertson et al. 2011b) provide important food for thought. The same is true in relation to anecdotal evidence from frontline practitioners that perhaps more young drivers are participating in remedial impaired driver programs. These situations warrant close monitoring and may have important implications for the delivery of interventions in order to account for differences across sexes and ages.

Second, there is growing awareness that additional and complementary services may be required for specific sub-populations of offenders such as those who possess deficits in executive cognitive functioning, those who suffer from co-occurring disorders, and those offenders identified with polysubstance (i.e., alcohol and drugs) use. Additionally, service delivery in rural jurisdictions continues to be a source of concern as does the delivery of culturally appropriate services for the ethnically diverse population in Canada. In this regard, strategic partnerships will play a pivotal role in filling these gaps and efforts are needed to encourage and facilitate these collaborations.

Third, while much has been learned with regard to effective interventions, less work has been focused on the implementation of such programs to ensure that they are delivered in ways that demonstrate fidelity to the model. In some respects, this issue is intimately linked to efforts to promote high standards of effective and efficient programming across relevant systems. The achievement of this goal will require the prioritization of consistent training and

education for practitioners, the use of quality control procedures and, most importantly, an emphasis on both process and outcome evaluations of these interventions in the future.

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